



IFW 2155

PTO/SB/21 (09-04) (AW 10/2004)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/525,059
	Filing Date	February 18, 2005
	First Named Inventor	Hirokazu Kobayashi, et al.
	Art Unit	To Be Assigned
	Examiner Name	To Be Assigned
	Attorney Docket No.	MAT-8656US
Total Number of Pages in This Submission 8		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Filing Receipt; Copy of Filing Receipt; Copy of Declaration/Power of Attorney; Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature			
Printed Name	Lawrence E. Ashery		
Date	August 23, 2005	Registration No.	34,515

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Typed or Printed Name	Donna M. Wellings	Date	August 23, 2005

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MAT-8656US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hirokazu Kobayashi, et al.

Serial No.: 10/525,059

Group No.: 2155

Filed: February 18, 2005

Examiner: To Be Assigned

For: MOBILE ROUTER DEVICE, MOBILE NETWORK SYSTEM, AND MOBILE
MANAGEMENT METHOD OF MOBILE ROUTER DEVICE

Filing Receipt Corrections
Office of Initial Patent Examination
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REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

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Error in	Correct data
1. <input type="checkbox"/> Applicant's name	1.
2. <input type="checkbox"/> Applicant's address	2.
3. <input type="checkbox"/> Title	3.
4. <input type="checkbox"/> Filing Date	4.
5. <input type="checkbox"/> Serial Number	5.
6. <input checked="" type="checkbox"/> Foreign Application Reference (as indicated on the Declaration/Power of Attorney)	6. JAPAN 2003-042875 02/20/2003
7. <input type="checkbox"/> Other	7.

3. No fee is due.

RatnerPrestia
P. O. Box 980
Valley Forge, PA 19482-0980
(610) 407-0700

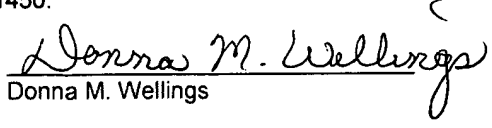
Respectfully submitted,

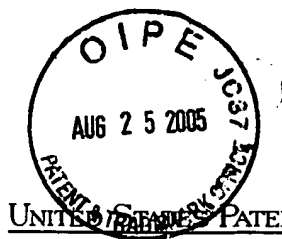

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/525,059	02/18/2005	2155	900	MAT-8656US	31	18	2

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CONFIRMATION NO. 5856

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Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Hirokazu Kobayashi, Kawasaki-shi, JAPAN;
 Taisuke Matsumoto, Yokohama-shi, JAPAN;

Power of Attorney: The patent practitioners associated with Customer Number 23122.

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/JP04/01810 02/18/2004

Foreign Applications

JAPAN 2003-042873 02/20/2003
 JAPAN 2004-034695 02/12/2004

2003-042875

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Projected Publication Date: 11/10/2005

Non-Publication Request: No

Early Publication Request: No

Title

Mobile router device, mobile network system, and mobile management method of mobile router device

Preliminary Class

709

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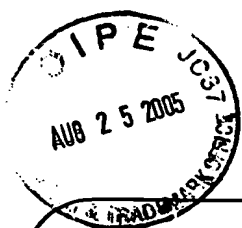
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**DECLARATION/
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION**

Attorney Docket Number:

First Named Inventor:

Hirokazu KOBAYSHI, et al.

COMPLETE IF KNOWN

Application Number:

Filing Date:

Art Unit:

Examiner Name:

☒ Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)☐ Supplemental
Declaration
(37 CFR 1.67)**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MOBILE ROUTER DEVICE, MOBILE NETWORK SYSTEM, AND MOBILITY MANAGEMENT
METHOD OF MOBILE ROUTER DEVICE***(Title of the Invention)*

the specification of which

☐ is attached hereto**OR**☒ was filed on (MM/DD/YYYY) 02/18/2004 as United States Application or PCT International Application Number PCT/JP2004/001810

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
→ 2003-042875	Japan	02/20/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004-034695	Japan	02/12/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

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Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ **Practitioners at Customer Number 23122**
OR
☐ Practitioner(s) named below:

Name

Registration Number

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☒ Correspondence Address Below

Name: RatnerPrestia

Address: P. O. Box 980

City: Valley Forge

State: PA

Zip: 19482

Country: USA

Telephone: (610) 407-0700

Fax: (610) 407-0701

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Hirokazu

KOBAYASHI

Inventor's Signature

Hirokazu KOBAYASHIDate: January 24, 2005

Residence: City: Kawasaki-shi

State: Kanagawa

Country: Japan

Citizenship: Japanese

Mailing Address: 1331-2-306, Kurokawa, Asao-ku

Mailing Address:

City: Kawasaki-shi

State: Kanagawa

Zip: 215-0035

Country: Japan

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Taisuke		MATSUMOTO	
Inventor's Signature <u>Taisuke Matsumoto</u>		Date: January 24, 2005	
Residence: City: Yokohama-shi	State: Kanagawa	Country: Japan	Citizenship: Japanese
Mailing Address: 2-12-14-705, Kitasaiwai, Nishi-ku			
Mailing Address:			
City: Yokohama-shi	State: Kanagawa	Zip: 220-0004	Country: Japan
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<input type="checkbox"/> Additional inventors are listed on Supplemental Sheet(s).			